

Form M-100
Pat. 2-2-21

ISSUE SLP STAPLE AREA (for additional cross references)

01-04-01

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	1/10/01
2	✓	✓	1/10/01
3	✓	✓	1/10/01
4	✓	✓	1/10/01
5	✓	✓	1/10/01
6	✓	✓	1/10/01
7	✓	✓	1/10/01
8	✓	✓	1/10/01
9	✓	✓	1/10/01
10	✓	✓	1/10/01
11	✓	✓	1/10/01
12	✓	✓	1/10/01
13	✓	✓	1/10/01
14	✓	✓	1/10/01
15	✓	✓	1/10/01
16	✓	✓	1/10/01
17	✓	✓	1/10/01
18	✓	✓	1/10/01
19	✓	✓	1/10/01
20	✓	✓	1/10/01
21	✓	✓	1/10/01
22	✓	✓	1/10/01
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26	✓	✓	1/10/01
27	✓	✓	1/10/01
28	✓	✓	1/10/01
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31	✓	✓	1/10/01
32	✓	✓	1/10/01
33	✓	✓	1/10/01
34	✓	✓	1/10/01
35	✓	✓	1/10/01
36	✓	✓	1/10/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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